

SERFF Tracking Number: ALLD-126024037 State: Arkansas
 Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 41478
 Company Tracking Number: ANN-03 ET AL
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.001 Fixed Premium
 Product Name: Fixed Annuity Application ANN-03
 Project Name/Number: Fixed Annuity Application ANN-03/Fixed Annuity Application ANN-03

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Fixed Annuity Application ANN- SERFF Tr Num: ALLD-126024037 State: Arkansas
 03

TOI: A02I Individual Annuities- Deferred Non- Variable	SERFF Status: Closed-Approved- Closed	State Tr Num: 41478
Sub-TOI: A02I.001 Fixed Premium	Co Tr Num: ANN-03 ET AL	State Status: Approved-Closed
Filing Type: Form	Authors: Mary Peterson, Patricia Evans	Reviewer(s): Linda Bird
	Date Submitted: 02/06/2009	Disposition Date: 02/17/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Annuity Application ANN-03	Status of Filing in Domicile: Pending
Project Number: Fixed Annuity Application ANN-03	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/17/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/17/2009
Deemer Date:	Created By: Patricia Evans
Submitted By: Patricia Evans	Corresponding Filing Tracking Number:
Filing Description:	
Re: Allianz Life Insurance Company of North America/ NAIC # 90611 / FEIN #41-1366075	
Individual Fixed Annuity Application Filing – ANN-03	

The following form is attached for your review.

<i>SERFF Tracking Number:</i>	<i>ALLD-126024037</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41478</i>
<i>Company Tracking Number:</i>	<i>ANN-03 ET AL</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.001 Fixed Premium</i>
<i>Product Name:</i>	<i>Fixed Annuity Application ANN-03</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application ANN-03/Fixed Annuity Application ANN-03</i>		

ANN-03 Individual Fixed Annuity Application

The above referenced form is new and may be used with previously approved forms and other forms approved in the future. The contract form(s) affiliated with this application will be sold through independently licensed agents and/or brokers in all markets. This form is being filed concurrently in Minnesota, our state of domicile. The effective date will be determined by your approval.

The form is submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

Form ANN-03 is an application intended to replace individual fixed annuity application ANN-01, SERFF Filing ALLC-125264320 (State Tr. #36715), previously approved by the Department on 8/28/2007.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a note electronically to me at patricia.evans@Allianzlife.com.

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst	Patricia.Evans@Allianzlife.com
5701 Golden Hills Drive	763-765-7135 [Phone]
Minneapolis, MN 55416	763-765-6306 [FAX]

Filing Company Information

Allianz Life Insurance Company of North America	CoCode: 90611	State of Domicile: Minnesota
5701 Golden Hills Drive	Group Code: 761	Company Type: 04
Minneapolis, MN 55416-1297	Group Name:	State ID Number:
(800) 328-5601 ext. [Phone]	FEIN Number: 41-1366075	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00

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Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$75.00	02/06/2009	25552476

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/17/2009	02/17/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/10/2009	02/10/2009	Patricia Evans	02/10/2009	02/10/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Annuity Application	Patricia Evans	02/17/2009	02/17/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
ANN-03 Fraud language	Note To Filer	Linda Bird	02/11/2009	02/11/2009
ANN-03 Fraud language	Note To Reviewer	Patricia Evans	02/11/2009	02/11/2009
Objection Letter Dated 2/10/2009	Note To Filer	Linda Bird	02/11/2009	02/11/2009

SERFF Tracking Number:	ALLD-126024037	State:	Arkansas
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Disposition

Disposition Date: 02/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALLD-126024037 State: Arkansas

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Product Name: Fixed Annuity Application ANN-03

Project Name/Number: Fixed Annuity Application ANN-03/Fixed Annuity Application ANN-03

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification of Compliance		Yes
Form (revised)	Annuity Application		Yes
Form	Annuity Application	Replaced	Yes

SERFF Tracking Number: ALLD-126024037 *State:* Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/10/2009
Submitted Date 02/10/2009
Respond By Date
Dear Patricia Evans,

This will acknowledge receipt of the captioned filing.

Objection 1

- Annuity Application, ANN-03 (Form)

Comment: Ark Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/10/2009
Submitted Date 02/10/2009

Dear Linda Bird,

Comments:

In response to your objection dated 2/10/2009:

Response 1

Comments: The fraud warning language is located on the top of page four. This is the same fraud warning language that was used in the last application approved, ANN-01. Please let me know if there is some additional wording that is required.

Related Objection 1

Applies To:

- Annuity Application, ANN-03 (Form)

Comment:

Ark Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,
Patti Evans

Sincerely,
Mary Peterson, Patricia Evans

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Amendment Letter

Submitted Date: 02/17/2009

Comments:

Dear Ms. Bird,

I have attached the revised ANN-03 application. The Arkansas fraud language is now the same as the LA and MD fraud language. Thank you for your continued review of this filing.

Sincerely,

Patti Evans

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ANN-03	Application/EAnnuity nrollment Form	Application	Initial				50.000	ANN-03.pdf

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Note To Reviewer

Created By:

Patricia Evans on 02/11/2009 12:41 PM

Last Edited By:

Patricia Evans

Submitted On:

02/11/2009 12:41 PM

Subject:

ANN-03 Fraud language

Comments:

Dear Ms. Bird,

I apologize that I didn't see the typo on the application. The "AK" is supposed to be "AR", however, I understand that the language there is not in compliance with the Arkansas code. Would the following language be in compliance with the Arkansas code:

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

This is currently on the application specific to "MD", however, if that language would be in compliance with Arkansas code, I would revise the application to include Arkansas. Please advise. Thank you.

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Note To Filer

Created By:

Linda Bird on 02/11/2009 09:05 AM

Last Edited By:

Linda Bird

Submitted On:

02/11/2009 09:05 AM

Subject:

Objection Letter Dated 2/10/2009

Comments:

The fraud statement on page 4 is in compliance with Ark. code but the abbreviation AK for Alaska is noted but AR for Arkansas is not included in the abbreviation list of states.

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Form Schedule

Lead Form Number: ANN-03

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ANN-03	Application/ Annuity Application Enrollment Form	Initial		50.000	ANN-03.pdf

Annuity application

1 Owner Social Security number/TIN _____ Date of birth _____ First name/trust/corporation name _____ M.I. _____ Last name _____ Street address (No PO Box) _____ City _____ State _____ ZIP code _____ Telephone number _____ Trustee's full legal name (If trust is named) _____ Date of trust _____	[Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Qualified retirement plan			
	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Joint owner Must be an individual. Social Security number _____ Date of birth _____ First name _____ M.I. _____ Last name _____ Relationship to owner _____ Street address (No PO Box) _____ City _____ State _____ ZIP code _____ Telephone number _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Annuitant If other than owner or if owner is a non-individual. Social Security number _____ Date of birth _____ First name _____ M.I. _____ Last name _____ Relationship to owner(s) _____ Address _____ City _____ State _____ ZIP code _____ Telephone number _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)			<input type="checkbox"/> Male <input type="checkbox"/> Female
2 Beneficiary designation* Individual owner/ Joint owner cannot be a beneficiary. Unless otherwise specified, the surviving beneficiaries within a class will share equally.	Primary Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Primary beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent %
	Primary Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Primary beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent %
	Contingent Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Contingent beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent %
	Contingent Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Contingent beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent %

[*Use Supplemental Beneficiary Designation Form (NB2292) if more space is needed.]

[**Arizona:** You may return your contract within 20 days **or within 30 days if you are age 65 or older on the date of the application**, if you are dissatisfied for any reason. You may return your contract to your agent or our home office. We will void this contract and mail a refund of any premium you paid within 10 days of receipt of your returned contract. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.]

3

Tax plan

Indicate how
this contract
should be issued.

Nonqualified

- ☐ 1035 exchange
☐ Other _____

Qualified

- ☐ IRA ☐ Roth IRA ☐ Qualified retirement plan
☐ SEP IRA ☐ Custodial IRA ☐ 403(b)
☐ Simple IRA
Contribution for tax year 20 ____
☐ Beneficial IRA (NOTE: A tax code must be selected above in addition to this option).]

[If 1035 exchange or tax-qualified transfer, complete the Authorization to Transfer Funds Form (S2056)]

4

Annuity products

(Products not
available
in all states)

Select a product
then select up to [10]
allocations.
Indicate the
percentage for
each allocation.

Flexible premium:

- ☐ Allianz Endurance 10[®] Annuity
☐ Allianz Endurance 15[®] Annuity
☐ MasterDex PlusSM Annuity
☐ MasterDex 5 PlusSM Annuity
☐ MasterDex 10 PlusSM Annuity
☐ MasterDex XSM Annuity

S&P 500

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

Nasdaq-100[®]

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

FTSE 100/Euro STOXX 50¹

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

Blended

- Annual point-to-point: _____ %
• Monthly average: _____ %

Fixed Interest

The allocation percentages must be whole numbers and total 100%.

¹ FTSE 100 is not available on the MasterDex X. Euro STOXX 50 is available instead.

Allocation percentages

Select a product
then indicate
the percentage
for each allocation.

- ☐ InfiniDex[®] Annuity
☐ InfiniDex 5TM Annuity
☐ InfiniDex 10TM Annuity

- S&P 500 _____ %
• Nasdaq-100 _____ %
• Fixed interest (maximum of 75%) _____ %

The allocation percentages must be whole numbers and total 100%.

Select a product
then **circle**
the percentage
for each allocation.

- ☐ In**Command**Dex[®] Annuity²
☐ MasterDex[®] Annuity
☐ MasterDex 5[®] Annuity
☐ MasterDex 10[®] Annuity
☐ PremierDex[®] Annuity
☐ PremierDex 5[®] Annuity
☐ 10% Bonus PowerDex Elite[®] Annuity

Allocation percentages (circle your selection)

- | | 0 | 25 | 50 | 75 | 100 |
|------------------|---|----|----|----|-----|
| • S&P 500 | | | | | |
| • Nasdaq-100 | | | | | |
| • Fixed interest | | | | | |

The allocation percentages must total 100%.

² If taking immediate income, complete the state-specific Supplemental Application (A7).

- ☐ Allianz Custom ChoiceSM Annuity
Guaranteed interest rate period (select one)

- ☐ 1 year ☐ 3 years ☐ 5 years

Surrender charge period (select one)

- ☐ 5 years ☐ 7 years ☐ 10 years

- ☐ Allianz Target AcceleratorSM Annuity
Target guarantee period (7-20 years): _____

- ☐ Other _____
(If applicable, select the appropriate allocations above
based on the product-specific Statement of Understanding).

4

Annuity products (con't.)**Single premium:**

- ☐ Allianz Summit IISM Annuity
- ☐ Dominator PlusSM Annuity (select term) ☐ 5 years ☐ 10 years
- ☐ Immediate Elite[®] Annuity (complete the state-specific Supplemental Application (A3).]

5

Riders

(Riders not available in all states)
Rider-specific Statement of Understanding must be submitted with the application.

- ☐ Flexible Withdrawal Rider (available for all annuities except Allianz Summit II Annuity and Immediate Elite Annuity)
- ☐ Income Plus Benefit³ (available for **MasterDex PlusSM Annuity** and **MasterDex 5 PlusSM Annuity**)
- ☐ Simple Income Rider³ (available for **MasterDex XSM Annuity**)
- ☐ Simple Death Benefit Rider (available for **MasterDex X Annuity**.
Simple Income Rider MUST be selected in order to select the Simple Death Benefit Rider)
- ³ If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212).]

6

Premium payment

Cash submitted with application	Transfer/rollover/1035 amount (estimated amount)	Agent-ordered funds (estimated amount)
\$ _____	\$ _____	\$ _____
Billed premium amount	<u>Select mode:</u>	
\$ _____	<input type="checkbox"/> Single <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (complete EFT authorization and provide voided check)	

7

Replacement

1. Do you have existing life insurance policies or annuity contracts? ☐ Yes⁴ ☐ No
2. Will the annuity contract applied for replace or change an existing policy or contract? ☐ Yes⁴ ☐ No

⁴ Complete the appropriate state-specific replacement forms.

8

Primary agent

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____%	
	Production split percentage _____%	

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____%	
	Production split percentage _____%	

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9 Agreements and signatures

The following states require applicants to read and acknowledge the statement for your state below:

[CO, ME, OH, OK, TN, VA, WV: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In ME, CO, and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

CT: I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

DC, KY, NM, PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In DC, penalties may include imprisonment and/or fines, or denial of insurance benefits. In PA and NM, this activity subjects such a person to criminal and civil penalties.

AR, LA, MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

By signing below, the contract owner acknowledges the above statements and understands or agrees to the following:

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge;
- If proof of the annuitant's age is not given at the time of application, the annuitant will furnish Allianz proof before payments begin;
- I may return my contract within the right-to-examine period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals;
- I acknowledge that the agent of record is my insurance agent for purposes of the Allianz Privacy Policy.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments. I also understand that I do not own any shares of an index fund or any equity or bond investments. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties. If the contract applied for is subject to market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA.

☐ **Telephone authorization** – By checking, I authorize and direct Allianz to act on telephone or electronic instructions from my agent and/or anyone authorized by him/her with regards to limited transactions allowed by Allianz. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz. This authorization can be revoked at any time with a written cancellation by the contract owner.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.

Signed at (city and state)

Signed date

Owner's signature
(or trustee, corporate officer⁵, attorney-in-fact⁶, if applicable)

Owner's e-mail address

Joint owner's signature
(or trustee, corporate officer⁵, attorney-in-fact⁶, if applicable)

Annuitant's signature (if other than owner)

⁵ If company or corporate owned, submit a copy of corporate resolution. Annuities owned by a non-natural person do not qualify for tax deferral and the interest that accumulates in the contract each year must be reported as taxable income.

⁶ Submit a copy of power of attorney document. The Attorney-in-Fact must sign as follows: *[Principal's name] (usually the owner) by [Attorney-in-Fact's name], Attorney-in-Fact.*

To be answered by agent: I certify that the statements of the applicant have been correctly recorded.

☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?

☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?

During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.

Connecticut: I certify that the disclosure material has been presented to the applicant and a copy was provided to the applicant.

I have not made statements which differ from this material nor have I made any promises about the future equity values of this contract.

Agent's signature _____ Date _____

<i>SERFF Tracking Number:</i>	<i>ALLD-126024037</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41478</i>
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<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.001 Fixed Premium</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	The application is located under the "Form Schedule" tab.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	Not applicable to this filing.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:		
Annuity App SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance	
Comments:		

<i>SERFF Tracking Number:</i>	<i>ALLD-126024037</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41478</i>
<i>Company Tracking Number:</i>	<i>ANN-03 ET AL</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.001 Fixed Premium</i>
<i>Product Name:</i>	<i>Fixed Annuity Application ANN-03</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application ANN-03/Fixed Annuity Application ANN-03</i>		

Attachment:

Certificate of Compliance Reg 19 and 11-83 cert.pdf

CERTIFICATE OF READABILITY

Contract Form	Flesch Score
ANN-03	50

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



Date: February 5, 2009

Martin G. Kline, AVP Product Development

Statement of Variability
Allianz Life Insurance Company of North America
Application Form ANN-03

December 1, 2008

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed [] in the form referenced. Blank boxes for the Minimum, Maximum and Current columns do not require further explanation. Please note that if some of these listed items have not been bracketed on the applicable form(s) submitted to you, please disregard the corresponding explanation.

Application Form ANN-03

Page #	Variable	Minimum	Maximum	Current	Rationale
1	Company Address				Variable to indicate current mailing address.
1	Company Telephone Number				Variable to indicate current telephone number.
1	Company Fax Number				Variable to allow for faxed applications. At this time faxed apps are not allowed, so the fax number will be suppressed – but in the future may be added.
1	Section 1 – Owner - Select one				Variable to allow for flexibility on owner types (may add or remove types as necessary). Any changes will be made to new applications going forward.
1	Section 2 – Beneficiary designation – footnote				Variable to allow for the use of (or discontinue use of) the Supplemental Beneficiary Designation Form, or if that form number were to change.
1	Under Section 2 – AZ fraud language				AZ advised that this language must be located on the bottom of page 1 of the application (other states are located above the signature section on page 4). This disclosure will need to be updated if AZ changes their fraud language.
ALL	Page numbers				Bracketed page numbers allow the application to print with correct pagination and without blank areas, based on the plan/benefits/disclosures available or required.
2	Section 3 – Tax plan				Based on the tax plans available at the time of issue. Plans may be added or removed based on administrative/tax law changes. Any changes will be made to new applications going forward.
2	Section 3 – Tax plan – footnote				Variable to allow for the use of (or discontinue use of) the Authorization to Transfer Funds form, or if that form number were to change.

2, 3	<p>Section 4 – Annuity products – Flexible Premium – Single Premium</p> <p><u>This includes:</u> Product names, Index/product options, directives on the left of each set of product names, supplemental application requirements, periods, terms</p>				Based on the products' marketing names/index allocation options for each/product options and/or benefits available at the time of application. New products/affiliated options that have been approved by the Department may be added. Also, any products/affiliated options being discontinued will be removed. Any changes will be made to new applications going forward.
3	<p>Section 5 – Riders</p> <p><u>This includes:</u> Rider names, Product names, directives on the left, supplemental form requirements/footnotes</p>				Based on the rider marketing names/affiliated product names for each available at the time of application. New products/affiliated riders that have been approved by the Department may be added. Also, any products/affiliated riders being discontinued will be removed. Any changes will be made to new applications going forward.
3	Under Section 8 – Index disclosures				Variable to allow for additions or deletions of indexes and/or changes in disclosure language based on the individual index. Any changes will be made to new applications going forward.
4	Section 9 – Agreements and signatures				Variable to allow for additions or deletions of state required fraud language. These disclosures will need to be updated as states adopt or change their fraud language. Any changes will be made to new applications going forward.

CERTIFICATE OF COMPLIANCE

Allianz Life Insurance Company of North America hereby certifies that the policy forms listed below are in compliance with all of the requirements of Arkansas Rule and Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.

Allianz Life Insurance Company of North America also certifies that the guidelines of Arkansas Bulletin 11-83 have been reviewed relative to the forms listed below. The forms comply with all provisions of the Bulletin.

Allianz Life Insurance Company of North America

A handwritten signature in black ink, appearing to read "Martin G. Kline", is positioned above a horizontal line.

Martin G. Kline
AVP – Director of Product Filing

February 6, 2009

Contract Form Number:
ANN-03

<i>SERFF Tracking Number:</i>	<i>ALLD-126024037</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allianz Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>41478</i>
<i>Company Tracking Number:</i>	<i>ANN-03 ET AL</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.001 Fixed Premium</i>
<i>Product Name:</i>	<i>Fixed Annuity Application ANN-03</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application ANN-03/Fixed Annuity Application ANN-03</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/06/2009	Form	Annuity Application	02/17/2009	ANN-03.pdf (Superceded)

Annuity application

1 Owner	[Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Qualified retirement plan			
	Social Security number/TIN _____		Date of birth _____	
			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	First name/trust/corporation name _____		M.I. _____ Last name _____	
	Street address (No PO Box) _____			
	City _____		State _____ ZIP code _____ Telephone number _____	
	Trustee's full legal name (If trust is named) _____		Date of trust _____	
<hr/>				
Joint owner Must be an individual.	Social Security number _____		Date of birth _____	
			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	First name _____ M.I. _____ Last name _____		Relationship to owner _____	
	Street address (No PO Box) _____			
	City _____		State _____ ZIP code _____ Telephone number _____	
<hr/>				
Annuitant If other than owner or if owner is a non-individual.	Social Security number _____		Date of birth _____	
			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
	First name _____ M.I. _____ Last name _____		Relationship to owner(s) _____	
	Address _____			
	City _____		State _____ ZIP code _____ Telephone number _____	
<hr/>				
2 Beneficiary designation* Individual owner/ Joint owner cannot be a beneficiary. Unless otherwise specified, the surviving beneficiaries within a class will share equally.	Primary Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Primary beneficiary _____	Social Security number/date of trust _____	Relationship to owner(s) _____	Percent _____%
	Primary Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Primary beneficiary _____	Social Security number/date of trust _____	Relationship to owner(s) _____	Percent _____%
	Contingent Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Contingent beneficiary _____	Social Security number/date of trust _____	Relationship to owner(s) _____	Percent _____%
	Contingent Select one: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust			
	Contingent beneficiary _____	Social Security number/date of trust _____	Relationship to owner(s) _____	Percent _____%

[*Use Supplemental Beneficiary Designation Form (NB2292) if more space is needed.]

[**Arizona:** You may return your contract within 20 days **or within 30 days if you are age 65 or older on the date of the application**, if you are dissatisfied for any reason. You may return your contract to your agent or our home office. We will void this contract and mail a refund of any premium you paid within 10 days of receipt of your returned contract. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.]

3

Tax plan

Indicate how
this contract
should be issued.

Nonqualified

- ☐ 1035 exchange
☐ Other _____

Qualified

- ☐ IRA ☐ Roth IRA ☐ Qualified retirement plan
☐ SEP IRA ☐ Custodial IRA ☐ 403(b)
☐ Simple IRA
Contribution for tax year 20 ____
☐ Beneficial IRA (NOTE: A tax code must be selected above in addition to this option).]

[If 1035 exchange or tax-qualified transfer, complete the Authorization to Transfer Funds Form (S2056)]

4

Annuity products

(Products not
available
in all states)

Select a product
then select up to [10]
allocations.
Indicate the
percentage for
each allocation.

Flexible premium:

- ☐ Allianz Endurance 10[®] Annuity
☐ Allianz Endurance 15[®] Annuity
☐ MasterDex PlusSM Annuity
☐ MasterDex 5 PlusSM Annuity
☐ MasterDex 10 PlusSM Annuity
☐ MasterDex XSM Annuity

S&P 500

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

Nasdaq-100[®]

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

FTSE 100/Euro STOXX 50¹

- Annual point-to-point: _____ %
• Monthly sum: _____ %
• Monthly average: _____ %

Blended

- Annual point-to-point: _____ %
• Monthly average: _____ %

Fixed Interest

The allocation percentages must be whole numbers and total 100%.

¹ FTSE 100 is not available on the MasterDex X. Euro STOXX 50 is available instead.

Allocation percentages

Select a product
then indicate
the percentage
for each allocation.

- ☐ InfiniDex[®] Annuity
☐ InfiniDex 5TM Annuity
☐ InfiniDex 10TM Annuity

- S&P 500 _____ %
• Nasdaq-100 _____ %
• Fixed interest (maximum of 75%) _____ %

The allocation percentages must be whole numbers and total 100%.

Select a product
then **circle**
the percentage
for each allocation.

- ☐ In**Command**Dex[®] Annuity²
☐ MasterDex[®] Annuity
☐ MasterDex 5[®] Annuity
☐ MasterDex 10[®] Annuity
☐ PremierDex[®] Annuity
☐ PremierDex 5[®] Annuity
☐ 10% Bonus PowerDex Elite[®] Annuity

Allocation percentages (circle your selection)

- | | 0 | 25 | 50 | 75 | 100 |
|------------------|---|----|----|----|-----|
| • S&P 500 | | | | | |
| • Nasdaq-100 | | | | | |
| • Fixed interest | | | | | |

The allocation percentages must total 100%.

² If taking immediate income, complete the state-specific Supplemental Application (A7).

- ☐ Allianz Custom ChoiceSM Annuity
Guaranteed interest rate period (select one)

- ☐ 1 year ☐ 3 years ☐ 5 years

Surrender charge period (select one)

- ☐ 5 years ☐ 7 years ☐ 10 years

- ☐ Allianz Target AcceleratorSM Annuity
Target guarantee period (7-20 years): _____

- ☐ Other _____
(If applicable, select the appropriate allocations above
based on the product-specific Statement of Understanding).

4

Annuity products (con't.)**Single premium:**

- ☐ Allianz Summit IISM Annuity
- ☐ Dominator PlusSM Annuity (select term) [☐ 5 years ☐ 10 years]
- ☐ Immediate Elite[®] Annuity (complete the state-specific Supplemental Application (A3).]

5

Riders

(Riders not available in all states)
Rider-specific Statement of Understanding must be submitted with the application.

- ☐ Flexible Withdrawal Rider (available for all annuities except Allianz Summit II Annuity and Immediate Elite Annuity)
- ☐ Income Plus Benefit³ (available for **MasterDex PlusSM Annuity** and **MasterDex 5 PlusSM Annuity**)
- ☐ Simple Income Rider³ (available for **MasterDex XSM Annuity**)
- ☐ Simple Death Benefit Rider (available for **MasterDex X Annuity**.
Simple Income Rider MUST be selected in order to select the Simple Death Benefit Rider)
- ³ If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212).]

6

Premium payment

Cash submitted with application	Transfer/rollover/1035 amount (estimated amount)	Agent-ordered funds (estimated amount)
\$ _____	\$ _____	\$ _____
Billed premium amount	<u>Select mode:</u>	
\$ _____	<input type="checkbox"/> Single <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (complete EFT authorization and provide voided check)	

7

Replacement

1. Do you have existing life insurance policies or annuity contracts? ☐ Yes⁴ ☐ No
2. Will the annuity contract applied for replace or change an existing policy or contract? ☐ Yes⁴ ☐ No

⁴ Complete the appropriate state-specific replacement forms.

8

Primary agent

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____%	
	Production split percentage _____%	

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____%	
	Production split percentage _____%	

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9 Agreements and signatures

The following states require applicants to read and acknowledge the statement for your state below:

[AK, CO, LA, ME, OH, OK, TN, VA, WV: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In ME, CO, and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

CT: I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

DC, KY, NM, PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In DC, penalties may include imprisonment and/or fines, or denial of insurance benefits. In PA and NM, this activity subjects such a person to criminal and civil penalties.

MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

By signing below, the contract owner acknowledges the above statements and understands or agrees to the following:

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge;
- If proof of the annuitant's age is not given at the time of application, the annuitant will furnish Allianz proof before payments begin;
- I may return my contract within the right-to-examine period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals;
- I acknowledge that the agent of record is my insurance agent for purposes of the Allianz Privacy Policy.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments. I also understand that I do not own any shares of an index fund or any equity or bond investments. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties. If the contract applied for is subject to market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA.

☐ **Telephone authorization** – By checking, I authorize and direct Allianz to act on telephone or electronic instructions from my agent and/or anyone authorized by him/her with regards to limited transactions allowed by Allianz. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz. This authorization can be revoked at any time with a written cancellation by the contract owner.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.

Signed at (city and state)

Signed date

Owner's signature
(or trustee, corporate officer⁵, attorney-in-fact⁶, if applicable)

Owner's e-mail address

Joint owner's signature
(or trustee, corporate officer⁵, attorney-in-fact⁶, if applicable)

Annuitant's signature (if other than owner)

⁵ If company or corporate owned, submit a copy of corporate resolution. Annuities owned by a non-natural person do not qualify for tax deferral and the interest that accumulates in the contract each year must be reported as taxable income.

⁶ Submit a copy of power of attorney document. The Attorney-in-Fact must sign as follows: *[Principal's name] (usually the owner) by [Attorney-in-Fact's name], Attorney-in-Fact.*

To be answered by agent: I certify that the statements of the applicant have been correctly recorded.

☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?

☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?

During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.

Connecticut: I certify that the disclosure material has been presented to the applicant and a copy was provided to the applicant.

I have not made statements which differ from this material nor have I made any promises about the future equity values of this contract.

Agent's signature _____ Date _____